



Acceptance & Healing LLC

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting Acceptance and Healing, LLC, via email. Cancellation is not considered complete until receipt of the email has been acknowledged in writing. The authorization will remain in effect until cancelled.

### PERSON RESPONSIBLE FOR BILLS

<i>Title</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Ethnicity</i>
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date of Birth</i>	<i>SSN</i>	<i>Sex</i>	<i>Relationship to Patient</i>	
<i>Home Phone</i>		<i>Work Phone</i>	<i>Employer</i>	

Credit Card Information								
Card Type:		Master Card		Visa		Discover		AMEX
Cardholder Name (as shown on card):								
Card Number:								
CVV:								
Expiration Date (mm/yy):								
Cardholder Zip Code (from credit card billing address):								

I, \_\_\_\_\_, authorize, Acceptance and Healing, LLC to charge my credit card above for agreed upon fees for services. I understand that my payment information will be saved in my electronic file for future transactions on my account. I agree to keep Acceptance and Healing, LCC, abreast of any changes to my billing information.

\_\_\_\_\_  
Client Name *(Please Print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature